

10-6-04
+ name/address

OCT 21 TC
Nov 3rd

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Complete Water System inc

BUSINESS STREET ADDRESS: 2961 SW 111 Terr ZIP 33328

BUSINESS MAILING ADDRESS: Same ZIP _____

BUSINESS PHONE: 954-985-9800

DESCRIBE TYPE OF BUSINESS: _____

BUSINESS IS: Corporation ☒ Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>John Ladue</u>	<u>2961 SW 111 Terr</u>	<u>954</u>	<u>214 3608</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2008, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

John Ladue
X Print Owner or Officers Name and Title X Signature of Owner or Officer

Office Use Only: Date <u>10/6/04</u> Category <u>07300</u>		Fee Exempt per Sec. 13-13 _____	
License # <u>0520417</u> Control # <u>16534</u>		Fee <u>11.58</u> Rec# _____ New _____ Trans <input checked="" type="checkbox"/>	
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____		Zoning <u>R-1</u> Date <u>10/7/04</u>	
Town Council Date _____ Approved _____ Denied _____		Zoning Approval <u>Int</u>	
Tabled To _____ Approved _____ Denied _____		_____	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____		LOCATED TO 16136 50-41-19-02-0010	

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

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